

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000184514

**Entity Name:** 519 SW 27TH AVENUE, LLC

**Current Principal Place of Business:**

2127 BRICKELL AVENUE  
APT 1602  
MIAMI , FL 33129

**Current Mailing Address:**

2127 BRICKELL AVENUE  
APT. 1602  
MIAMI , FL 33129 US

**FEI Number:** 47-5474852

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ADELSON, HARVEY JEROME  
2127 BRICKELL AVENUE  
APT 1602  
MIAMI, FL 33129 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** HARVEY J ADELSON

03/26/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title OWNER  
Name ADELSON, HARVEY JEROME DR.  
Address 2127 BRICKELL AVENUE  
APT. 1602  
City-State-Zip: MIAMI FL 33129

Title MANAGER  
Name ADELSON, CHARLES JAY DR.  
Address 2127 BRICKELL AVENUE  
APT 1602  
City-State-Zip: MIAMI FL 33129

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DR HARVEY ADELSON

OWNER

03/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date